

Program B: Payments to Public Providers**OBJECTIVES AND PERFORMANCE INDICATORS**

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2002-2003. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicators are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year of the budget document.

The objectives and performance indicators that appear below are associated with program funding in both the Base Executive Budget and the Governor's Supplementary Recommendations for FY 2002-2003. The Supplemental portion of the Governor's recommended Executive Budget for this agency's budget is 45.7%. However, the Objectives and Performance Indicators for this agency are based on the total amount of the Governor's Supplementary Recommendations and the Base Executive Budget. Specific information on program funding is presented in the financial section.

DEPARTMENT ID: 09 - Department of Health and Hospitals

AGENCY ID: 09-306 Medical Vendor Payments

PROGRAM ID: Program B: Payment to Public Providers

1. (KEY) To ensure that at least 40% of eligible KIDMED screening recipients due for a screening receive KIDMED services through outreach efforts.

Strategic Link: This objective implements Goal II, Objective II.2 of Program A & B, Medical Vendor Payments, of the revised strategic plan: To ensure that 94% of eligible KIDMED screening recipients due for a screening receive KIDMED services through outreach efforts.

Louisiana: Vision 2020 Link: Vision 2020 is directly linked to Medical Vendor Payments as follows: Goal Three: To have a standard of living among the top ten states in America and safe, healthy communities where rich natural and cultural assets continue to make Louisiana a unique place to live, work, visit, and do business. Objective 3-7: To improve the quality of life of Louisiana's children. Benchmark 3.7.1 relates to the LaCHIP program. In addition, Medical Vendor Payments is actively engaged in supporting Goal One, Objective 8 of Vision 2020: Goal One: To be a Learning Enterprise in which all Louisiana businesses, institutions, and citizens are actively engaged in the pursuit of knowledge, and where that knowledge is deployed to improve the competitiveness of businesses, the efficiency of governmental institutions, and the quality of life of citizens. Objective 8: To improve the efficiency and accountability of governmental agencies.

Children's Cabinet Link: This objective is linked to medical services for Medicaid eligible children funded under the Children's Budget.

Other Link(s): BluePrint for Health: The DHH plan for improving health care in Louisiana, now known as the BluePrint for Health is linked to Medical Vendor Administration as follows: Goal III: *Expand CommunityCARE statewide.*

Explanatory Note: KIDMED is Louisiana's name for the preventive health screening program under the Federally mandated Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program for Medicaid children under the age of twenty-one. Medicaid children may be linked to a KIDMED provider who is responsible for preventive care and referrals for diagnosis and treatment for those children. Preventive care includes periodic screenings, immunizations, lab work and age-appropriate educational information. Medical screenings, vision, hearing and dental screenings are included in the KIDMED program. The KIDMED program is designed for prevention or early detection of illnesses and other conditions which will help ensure the health of the child, improve quality of life and reduce long term medical costs.

At the initiation of the KIDMED Performance Indicators, objectives and data were based on the HCFA 416 report which is an annual report that delineates number of eligible children, number of expected and completed screenings, as well as various other figures related to the Early Periodic Screening, Diagnostic and Treatment Program. This annual report must adhere to strict formulas and calculations set forth by HCFA which is now referred to as Centers for Medicare and Medicaid Services (CMS). These federal requirements have changed, rendering the HCFA 416 unsuitable for performance reporting.

The Objective and Performance Indicators for KIDMED will now be based on a new report which will provide a more accurate data based from which to report performance. **Please Note: The new report will in no way be related to the HCFA 416 report and cannot be compared to it as different logic and calculations go into each report.**

L E V E L	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 2000-2001	ACTUAL YEAREND PERFORMANCE FY 2000-2001	ACT 12 PERFORMANCE STANDARD FY 2001-2002	EXISTING PERFORMANCE STANDARD FY 2001-2002	AT CONTINUATION BUDGET LEVEL FY 2002-2003	AT RECOMMENDED BUDGET LEVEL FY 2002-2003
S	Number of KIDMED enrolled recipients ¹	Not applicable ²	Not available ²	Not applicable ³	273,233 ²	303,233 ⁴	303,233
K	Number of KIDMED enrolled recipients who received at least one medical screening ¹	385,322 ²	381,775 ²	180,101 ²	180,101 ²	151,616 ⁵	121,293
K	Percentage of KIDMED enrolled recipients who received at least one medical screening ¹	94% ²	90% ²	61%	61%	50% ⁶	40%

¹ The meaning of these performance indicators has been revised as of July 2001. KIDMED enrolled recipients are defined as the unduplicated number of Medicaid children that are linked to a KIDMED provider. KIDMED medical screening is defined as a medical screening performed by a KIDMED physician or nurse according to the KIDMED periodicity schedule and limited to the four KIDMED medical screening codes reimbursable to KIDMED providers by Medicaid.

² The current year source document's data elements have been reformatted. What data is available would not be suitable for comparison purposes to prior years.

³ This Performance Indicator did not appear under Act 12 of 2001-2002.

⁴ The results of the implementation of Community CARE and additional LaCHIP eligibles statewide is the infusion of huge numbers of KIDMED enrolled recipients on a staggered basis as Community CARE become operational on their phased-in-schedule. Figures for performance indicators will reflect the large increases in KIDMED population. Population figures will increase dramatically, however the percentage of KIDMED screening is expected to initially drop dramatically due to a delay that we expect between that actual enrollment in KIDMED and the time it takes for a physician to schedule and complete a screening. It is expected that year-end figures will more accurately reflect the progress of the percentage of screenings. Target values will be estimated on the number of additional KIDMED and LaCHIP recipients to be enrolled per parish or area per scheduled time frame. Quarterly targets may need to be adjusted throughout the year to compensate for variations in the implementation plan that come about as the plan is unrolled. This figure is based on the number of KIDMED enrolled recipients in FY 2000-2001 plus the estimated additional children resulting from LaCHIP and Community Care.

⁵ These are estimated figures due to changes in the federal reporting requirements and difficulties in transitioning from an annual to a quarterly report. These indicator values are based on the numbers obtained from a recent report from Unisys, the HCFA 416. This report has been revised from past years due to new instructions from Center for Medicaid and Medicare Services (CMS) regarding definitions and calculations used to derive the figures. The decrease, for the most part, involves changes in the instructions for determining period of eligibility for these KIDMED eligibles. These are the numbers that will be used in reporting to CMS. Please note that these numbers are based on the Federal Fiscal Year.

⁶ These numbers are based on SFY 2000-2001 figures that show approximately 50% of KIDMED enrolled recipients receive at least one medical screening.